

PLEASE DO NOT STAPLE

STATE OF DELAWARE

GRANT-IN-AID

APPLICATION FORM

FY 2013

**FUNDING REQUESTS ARE DUE NO LATER THAN 4:30 P.M., Tuesday November 1, 2011.**

Official Name of Organization:

\_\_\_\_\_

Date of Incorporation:

\_\_\_\_\_

**9 digit** Federal Employer  
Identification No.:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Contact Representative:

\_\_\_\_\_

Phone Number (daytime):

\_\_\_\_\_

E-mail address:

\_\_\_\_\_

**YES**

**NO**

Are you a first time applicant?

<input type="text"/>	<input type="text"/>
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Did you receive a Grant-in-Aid Award in Fiscal Year 2012?

<input type="text"/>	<input type="text"/>
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If yes, does this application include a request to fund a new  
program?

<input type="text"/>	<input type="text"/>
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Does your agency have a toll free number or hotline?

<input type="text"/>	<input type="text"/>
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If yes, what is the total amount of Grant in Aid money spent on  
this service annually?

\$

\_\_\_\_\_

Is your agency receiving or has your agency received Community  
Redevelopment funds?

<input type="text"/>	<input type="text"/>
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Is your agency receiving or has your agency received Tobacco  
Settlement Funds?

<input type="text"/>	<input type="text"/>
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FORM 1

AGENCY: \_\_\_\_\_ YEAR: 2013

MANAGEMENT ORGANIZATION

Official Name of Organization: \_\_\_\_\_

Address of Management Office: \_\_\_\_\_

Street Address or Location: \_\_\_\_\_

**Physical Location of organization for site visits** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact Representative: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (Daytime) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Names of Board of Directors and Daytime Telephone Numbers:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Names of Officers and Daytime Telephone Numbers**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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FORM 2

AGENCY: \_\_\_\_\_ YEAR: 2013

AGENCY BACKGROUND

AGENCY MISSION  
STATEMENT:

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AGENCY LOCATION(s) where services are actually provided, days and hours of operation for site visits.

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## FORM 3

AGENCY: \_\_\_\_\_ YEAR: 2013

**REVENUE**

Revenue Source	Previous Year	Current Year	Proposed Year
<b>FEDERAL GOVERNMENT</b>			
MEDICARE			
MEDICAID			
GRANTS			
OTHER			
<b>STATE GOVERNMENT</b>			
GRANT IN AID			XXXXXXXXXX
SENIOR CENTER GRANT IN AID			XXXXXXXXXX
CONTRACTS BY STATE AGENCY			
<b>BLOCK GRANT AND PASS THRU GRANTS</b>			
<b>INVESTMENTS</b>			
DIVIDENDS & INTEREST			
SALE OF ASSETS			
<b>SALE MATERIALS</b>			
<b>DUES</b>			
<b>CONTRIBUTIONS</b>			
<b>MISCELLANEOUS</b>			
<b>OTHER</b>			
<b>TOTAL REVENUE</b>			

## FORM 4

AGENCY: \_\_\_\_\_

YEAR: 2013

**DISBURSEMENTS**

	Previous Year	Current Year	Proposed Year
<b>EXPENSES</b>			
Salaries			
Employee Benefits			
Payroll Taxes			
Professional Fees			
Supplies			
Telephone and Fax			
Postage			
Rent			
Utilities			
Repairs and Maintenance			
Printing and Publications			
Travel, Conferences and Meetings			
Dues			
Assistance to Individuals			
Grants and Awards (other than Grant in Aid)			
Miscellaneous			
<b>TOTAL EXPENSES</b>			
<b>NON-EXPENSE DISBURSEMENTS</b>			
Equipment			
Vehicles			
Mortgage/Loans			
Investments			
Other			
<b>TOTAL NON-EXPENSE DISBURSEMENTS</b>			
<b>TOTAL DISBURSEMENTS</b>			

Form 5

AGENCY: \_\_\_\_\_ YEAR: 2013

**5A. COMMUNITY REDEVELOPMENT FUNDS**

If you are a Community Redevelopment Fund (CRF) Recipient, please complete this form; if not, proceed to Question 5B.

Name of Project	Fiscal Year	Amount

**5B. TOBACCO SETTLEMENT FUNDING**

If you are a Tobacco Settlement Fund Recipient, please complete this form; if not, proceed to Form 6.

Name of Project	Fiscal Year	Amount

FORM 6

AGENCY: \_\_\_\_\_ YEAR: 2013

**SUMMARY**

		Previous Year	Current Year	Proposed Year
1	TOTAL REVENUE on Form 3			
2	TOTAL DISBURSEMENTS on Form 4			
3	OPERATING SURPLUS/DEFICIT			
4	CARRYOVER			
5	NET SURPLUS/DEFICIT			
6	<b>GRANT IN AID REQUEST</b>			

Programs from Form 7 to be funded through Grant in Aid in FY 2013

Amount Requested

7	<b>TOTAL (THIS LINE SHOULD EQUAL LINE 6 OF PROPOSED YEAR COLUMN)</b>	

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FORM 7

AGENCY: \_\_\_\_\_ YEAR: 2013

**PROGRAM INFORMATION**

1. Program Name & Target Population: \_\_\_\_\_
2. Program Description: \_\_\_\_\_
3. Which other community agencies provide this or similar services? \_\_\_\_\_
4. How will the program obtain its objective & how will the outcomes be measured? \_\_\_\_\_
5. What progress has been made in the past year to achieve the program's objectives? \_\_\_\_\_

		Previous Year Award	Current Year Award	Proposed Year Request
6.	Number of People Served			
7.	Service Measure			
8.	Amount of Service			
9.	Program Revenue			
10.	Program Disbursements			
11.	Surplus/Deficit			
12.	Amount of Grant in Aid Requested for this Program			



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FORM 8

AGENCY: \_\_\_\_\_ YEAR: 2013

SCHEDULE OF ALL POSITIONS AND SALARIES SUPPORTING ACTUAL EXPENSES  
AND BUDGET ESTIMATES FOR AGENCY STAFF

<u>Position Title</u>	<u>Number of Positions</u>	<u>Salary Range</u>	<u>Salary</u>
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Previous Current

Proposed[illegible]

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FORM 9

AGENCY: \_\_\_\_\_ YEAR: 2013

\_\_\_\_\_  
(AGENCY)

AGREES:

1. To submit funding requests on the forms provided at the times designated and to participate in the allocations review process.
2. To provide an annual certified audit and other financial statements, service figures, and reports or audits as required by the State of Delaware.
3. To cooperate with other organizations, both voluntary and public, in responding to the needs of the community and in promoting high standards of efficiency and effectiveness.
4. To submit accurate information with this application. NOTE: Any misstatement of facts may forfeit any remaining balance of grants due and/or future grants.
5. That this agency meets the criteria established (see Page 4 of the GIA Instructions) and uses any Grant-in-Aid appropriated by the General Assembly in accordance with those provisions and any additional restrictions that may be set forth in the Grant-in-Aid legislation.
6. This agency agrees to provide the Office of the Controller General with financial or programmatic information upon request.

This agreement has been read and approved at the meeting of the governing body of the

\_\_\_\_\_  
(AGENCY'S NAME AND DATE)

BY:

\_\_\_\_\_  
(President or Chairman)

\_\_\_\_\_  
DATE

Daytime Phone Number: \_\_\_\_\_

\_\_\_\_\_  
(Executive Director)

\_\_\_\_\_  
DATE

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FORM 10

COPY OF MOST RECENT AUDIT

PREPARED BY INDEPENDENT CERTIFIED

PUBLIC ACCOUNTANT OR PUBLIC ACCOUNTANT

SAMPLE A-B-C ATTACHED MAY BE SUBSTITUTED FOR ABOVE IF RECENT AUDIT  
IS NOT AVAILABLE.

**DO NOT SEND TAX FORMS**

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SAMPLE A

AGENCY: \_\_\_\_\_ YEAR: 2013

BALANCE SHEETS FOR YEARS ENDING JUNE 30, 2011 AND 2010

	June 30, 2011	June 30, 2010
ASSETS		
Cash		
Accounts Receivable		
Investments – at cost		
(market value \$ _____)		
PROPERTY AND EQUIPMENT – at cost		
Land		
Buildings and Improvements		
Furniture and Equipment		
Transportation Equipment		
Less Accumulated Depreciation		
TOTAL ASSETS		
LIABILITIES AND FUND BALANCES		
Accounts payable and accrued expenses		
Grants designed for future periods		
Fund balances		
Undesignated		
Designated		
TOTAL LIABILITIES AND FUND BALANCES		

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SAMPLE B

AGENCY: \_\_\_\_\_ YEAR: 2013

STATEMENT OF SUPPORT, REVENUE AND EXPENSES

AND CHANGES IN FUND BALANCES FOR YEARS ENDING JUNE 30, 2011 AND 2010

	June 30, 2011	June 30, 2010
PUBLIC SUPPORT AND REVENUE		
Contributions		
Allocated by United Way of DE		
Fees and grants from government agencies		
Other revenue (losses)		
Investment Income		
Gain(loss) on sale of investments		
Miscellaneous		
EXPENSES		
Program Services		
Supporting Services		
Management and General		
EXCESS (DEFICIENCY) OF PUBLIC SUPPORT AND REVENUE OVER EXPENSES		
FUND BALANCES		
Beginning of year previously reported		
End of Year		

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SAMPLE C

AGENCY: \_\_\_\_\_ YEAR: 2013

STATEMENTS OF FUNCTIONAL EXPENSES YEARS ENDING JUNE 30, 2011 AND 2010

	Program Services	Supporting Services	Total Expenses Year ending June 30, 2011
Salaries			
Employee Benefits			
Payroll Taxes			
Professional Fees			
Supplies			
Telephone & Utilities			
Postage and Shipping			
Rent			
Maintenance			
Printing and Publications			
Travel			
Conferences & Meetings			
Assistance to Individuals			
Membership Dues			
Awards and Grants			
Miscellaneous			
Depreciation			

	Program Services	Supporting Services	Total Expenses Year ending June 30, 2010
Salaries			
Employee Benefits			
Payroll Taxes			
Professional Fees			
Supplies			
Telephone & Utilities			
Postage and Shipping			
Rent			
Maintenance			
Printing and Publications			
Travel			
Conferences & Meetings			
Assistance to Individuals			
Membership Dues			
Awards and Grants			
Miscellaneous			
Depreciation			

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